## Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts

#### **Application for Certificate Reinstatement**

#### What you need to know:

These are not ALL of the requirements. You are strongly encouraged to review the laws and rules of the Water and Wastewater Treatment Plant Operators and Laboratory Analysts for further information and requirements. These can be found at <a href="http://rules.sos.ga.gov/gac/750">http://rules.sos.ga.gov/gac/750</a> and <a href="http://sos.ga.gov/plb/acrobat/Laws/29">http://sos.ga.gov/plb/acrobat/Laws/29</a> Water Wastewater 43-51.pdf.

- All certificates expire June 30 of odd-numbered years.
- Late renewal period is July 1 September 30 of odd-numbered years. Late penalty fee is accessed during this time period.
- An individual who passes the Board-required certification examination is exempt from continuing education requirements for that certificate for the first renewal period after initial issuance of the certificate.
- The same course cannot be attended more than once in the same certificate renewal period to attain the required continuing education points for that renewal period. However, the same continuing education course can be attended during a different renewal period.
- Failure to renew a certificate by October 1 of renewal year shall have the same effect as revocation of the certificate.
- Applications for reinstatement shall be accompanied by:
  - (a) A reinstatement fee established by the Board (See Fee Schedule);
  - (b) Evidence of the completion, since the last renewal, of the total continuing education points which would have been required if the certificate had been maintained in a current status; and
  - (c) Evidence of meeting the minimum current education requirements for that class and category of certificate.
- If a certificate has lapsed for a period of more than 2 years, the Board shall require, as a prerequisite for reinstatement, passage of an examination for that category of certificate in lieu of the continuing education.
- An Application for renewal of a certificate must be accompanied by a renewal fee (See Fee Schedule) and attestation of continuing education points accumulated since the last renewal period. The following chart lists the required number of points for each renewal certification.

#### CERTIFICATION HELD CONTINUING EDUCATION POINTS

Class I Operator Water & Wastewater	24	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Class II Operator Water & Wastewater	18	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Industrial Wastewater Operator	18	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Laboratory Analyst Water & Wastewater	18	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Class III Operator Water & Wastewater	12	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Water Distribution System Operator	12	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Wastewater Collection System Operator	12	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Class IV Operator Water & Wastewater	6	All of the points must be in coursework approved for Water, Wastewater, or for both.

Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts 237 Coliseum Dr., Macon, GA 31217 404-424-9966 www.sos.qa.qov	Date Entered Receipt #					
Application for Certificate Reinstatement	Submitted \$					
Reinstatement Fee \$165.00 (non-refundable)  Make checks payable to Georgia Board of  Water/Wastewater	Date Issued					
Applying for: Reinstatement of Certificate #: Date Expired: (Only One Certificate May Be Reinstated Per Application)						
Name of Employer:						
Please check this box if you are a military spouse or a transitionin including the National Guard.	g service member of the United States Armed Forces,					
Applicant Name:						
LAST FIRST	MIDDLE					
Social Security # 1:  This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.						
Gender: Male Female						
Residential Address:						
PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED ( <u>P.C</u>	D. BOX NOT ACCEPTABLE)  APT #					
Mailing <sup>2</sup> Address:	STATE ZIP					
	l license number are public information and will appear on Secretary of State's website					
CITY	STATE ZIP					
Daytime Phone #       -       E	Evening Phone #					

E-mail Address 3: \_

<sup>&</sup>lt;sup>3</sup> Required for communication with Board staff. Your email will not be shared with third parties.

# **Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts**

### **Application for Certificate Reinstatement**

Applicant Name:	Certificate #:		_
Complete either SECTION A or SECTION B:			
SECTION A - license lapsed for less than 2 years			
Application is made in accordance with Rule 750-702(2) because my	certificate has been lapsed for <b>2 years or</b>	less.	
In addition to this application and the required reinstatement fee, I am  Completion Certificate(s) for the required amount of points to reinsta		ation	
SECTION B – license lapsed for more than 2 years			
Application is made in accordance with Rule 750-702(3) because my addition to this application and the required reinstatement fee, I am en		n 2 yea	ars. In
Proof of passing the appropriate examination since my certification.	cate lapsed; and		
Evidence of education required for this class and category of Rule 750-703 differ from those required at time of original C		on requ	uirements in
The following questions must be answered regarding the time period sto any question, you must provide documentation, including date(s) and place pages, if necessary. Certified copies of final court dispositions for convapplication. Failure to provide final disposition documentation will delivered.	ce(s) of arrest(s) and/or conviction(s). Attac victions are required to be included with	ch add	
Since the date of your last renewal of this certificate, have you been arrest felony, misdemeanor, DUI or DWI?		YES	NO
Since the date of your last renewal of this certificate, have you entered a p been given "First Offender" status for any felony, misdemeanor, DUI or DV	lea of guilty or nolo contendere, or	YES	NO
Since the date of your last renewal, have you been denied issuance of or, pursuant to disciplinary proceeding, refused renewal of any license or certificate by any Board or agency in Georgia or any other state?			NO

## Georgia Bureau of Investigation Georgia Crime Information Center

### **CONSENT FORM**

I hereby authorize The Georgia Board of Examiners for Certification of Water and Wastewater Treatment Plant
Operators and Laboratory Analysts to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Nar	ne (Print)				
Address, City, State, County, Zip					
Sex	Race	Date of Birth	Social Security Number		
		nowledge that I have been in (title 28 United States Code	formed of the Non-Criminal Justice applicant's Privacy Rights and $\S$ 534).		
Signatu	re				
Date					
Special		sions (check if applicable):			
Em	ployment with mer	itally disabled (Purpose code	"M")		
Em	ployment with elde	r care (Purpose code "N")			
Em	ployment with child	dren (Purpose code "W")			
Select o	one of the following	ng (required):			
	This authorization	is valid for90 days /18	0 days / days from date of signature.		
	I,	, give co	nsent to the above named to perform periodic criminal history		
backgro	und checks for the	duration of my employment	with this company.		

# **Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts**

### **AFFIDAVIT**

Applicant Name:	Certificate #:
further swear and affirm that I have read and understand the	s application is true and correct to the best of my knowledge and belief. I e current state laws and rules and regulations of the Georgia State Board of nt Plant Operators & Laboratory Analysts, and I agree to abide by these
	ne application, or if I am found to have been convicted of a felony and have been been suspend by registration without a prior hearing. I shall on.
By signing this application, electronically or otherwise, I here to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies	eby swear and affirm one of the following to be true and accurate pursuant s to your status):
1) I am a United States citizen 18 years of aç Document(s) such as driver's license, passport, or other app	ge or older. You must submit a copy of your current Secure and Verifiable proved document.
am a qualified alien or non-immigrant under the Federal Im	a legal permanent resident of the United States 18 years of age or older, or imigration and Nationality Act 18 years of age or older with an alien number deral immigration agency. You must submit a copy of your current umber or your I-94 number and, if needed, SEVIS number.
Attorney General shall provide and make public on	act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the the Department of Law's website a list of acceptable secure and verifiable I annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney
verifiable for identification purposes, and document	ned under the authority of O.C.G.A. § 50-36-2, contains documents that are ts on this list may not necessarily be indicative of residency or immigration ite at this address: <a href="http://sos/ga/gov/admin/files/svd2013.pdf">http://sos/ga/gov/admin/files/svd2013.pdf</a>
The undersigned applicant also hereby verifies that he or sh Verifiable Document, as required by O.C.G.A. § 50-36-2, wit	ne is 18 years of age or older and has attached at least one Secure and th this Affidavit.
fraudulent statement or representation in an affidavit shall be	nd that any person who knowingly and willfully makes a false, fictitious, or e guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as failure to make full and accurate disclosures may result in disciplinary
State of Georgia, County of	Print name of Applicant
Subscribed and sworn to before me this,	Signature of Applicant
Notary Public My Commission expires:	NOTARY SEAL (legible seal required; If using embossed seal, apply shading to make seal legible when digitized.)